

# SCHOOL AGE PROGRAM MEDICATION ADMINISTRATION POLICIES MEMO

Date: \_\_\_\_\_

TO: Parent/Guardian of \_\_\_\_\_

FROM: The City of Hampton School Age Programs

All prescription medication or special medication purchased over the counter must have a “State DHS Medical Consent Best Practice Form” completed and signed by a Physician and parent/guardian.

All medications must be in original package or container with a pharmacy label to include child’s name, name of medication, dosage, time the medication must be taken and the doctor’s name. All equipment necessary to accurately administer medication must accompany medication (i.e. calibrated measuring spoon or cup).

Medication requiring refrigeration will NOT be accepted based on Virginia State laws. Violators are subject to fines.

If you have further questions or concerns, please contact the program Leader at your child’s site. Thank you for your understanding and for working with us in the care of your child.

Sincerely,

School Age Programs  
City of Hampton